

DEPARTMENT OF HEALTH SERVICES

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February 6, 2002

CHDP Provider Information Notice No: 02-02

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP)
PROGRAM PROVIDERS

SUBJECT: REVISION OF CONFIDENTIAL SCREENING/BILLING REPORT FORM
(PM 160)

The purpose of this notice is to inform you of revisions on the PM160. These revisions apply to all PM160s (Standard, Information Only, and Head Start/State Preschool). The new revision date that appears on the lower right corner of the three new forms is "PM160 (9/01)". Samples of the revised PM160s are enclosed. The revisions include:

- The preprinted immunizations listed on the PM160 have been removed and replaced with blank lines. This will permit you to bill all of the vaccines administered during one CHDP health assessment on one claim form.
- Line 11 TB Multipuncture has been removed.
- The list of "Other Tests: Codes" and "Other Immunizations: Codes" that appeared on the reverse side of the last page of the PM160 have been removed. The codes are now listed on two tables that are included in this provider information notice, Tests (Enclosure A) and Immunizations (Enclosure B).

Electronic Data Systems (EDS) will begin processing the new version of the PM160 effective February 15, 2002. However, EDS will be able to simultaneously process the old and new versions of the PM160s through September 1, 2002. You may order the new versions of the PM160 by contacting your county/city CHDP office.

The format and processing for Computer Medical Claims will remain unchanged and will be excluded from the September 1, 2002, cutoff date. Please refer to the section regarding Computer Media Claims in this Notice.

For claims submitted on or after February 15, 2002:

Completion of the new version of the PM160 (9/01):

- When billing for a test not already preprinted on the form, enter the code for the Test and the Test name (see Enclosure A) in one of the four blank lines found in the

Other Tests section. Complete the assessment in columns A, B, C, or D and enter the fee.

- When billing for any immunizations, enter the code for the immunization and the name of the vaccine (see Enclosure B) in one of the seven blank lines found in the Immunizations Section. Complete the assessment in columns A, and B and enter the fee. If you wish to record immunizations for which the child was assessed but not given at the time of this health assessment, complete the assessment in columns C or D, and do not enter any fees. This is not required.

Completion of the old version of the PM160:

- Do not use Line 11 TB Multipuncture. Please do not white out the line or enter any information on Line 11 as this will lead to claim suspension.
- Do not cross out any pre-printed immunization codes (31, 32, 33, 38) or write in any immunization codes or information on these lines in the Immunizations Section as this will lead to claim suspension. The pre-printed immunizations do not need to be assessed, and may be left blank unless administering MMR-VFC (code 33) or Hib CV (Code 38) in accordance with the CHDP recommendations. Additional immunization codes need to be entered on the blank lines.

Provider Messages

EDS will configure the old PM160s into the new format when received for processing. Due to the reformatting, information relating to Other Tests or Immunizations that appear on Provider Correction Requests (PCR) or Denials may be on the report in a different manner than you had previously seen.

- PCRs will show different identification for the blank lines that are present on the old version of the PM160. Please focus on the Test Code or the Immunization (Shot) code to identify what on the original claim requires correction rather than on the label for the line requiring correction.
- In the Immunizations section, the first blank line for Other Shots in the old version of the PM160 is now reformatted in the system as Other Shot 5. Likewise, the second blank line for Immunizations on the old version of the PM160 is now reformatted in the system as Other Shot 6, and the third blank line for Immunizations on the old version is now reformatted in the system as Other Shot 7. To use an example: If Immunization code 45 (DTaP) is now entered on the first blank line in the Immunizations section on the old version of the PM160 and there is no assessment

entered in Column A or B, a PCR will be generated showing "Other Shot 5" requires an assessment, not "other Shot 1."

- In the Other Tests section, the first blank line for Other Tests on the old version of the PM160 is now reformatted in the system as Other Tests 2. Likewise, the second blank line for Other Tests on the old version of the PM160 is now reformatted as Other Test 3, and the third blank line for Other Tests on the old version is now reformatted in the system as Other Test 4.

Please note that there will be a short period of time based on the date the PCR or Denial is generated that may include statements like those described above. In reviewing the PCR or Denial, please refer to the service code--Test Code or Immunization Code--listed on your original claim.

Computer Media Claims (CMC)

There has been no revision to the CMC electronic PM160 format and there is no "end-date" for this format. The CMC billing format permits a maximum of three write-in Other Tests or Immunizations on each claim. Do not make any changes to your provider and/or billing software to accommodate the changes in the system at EDS. Changes in programming will cause the claim to suspend. Please note that there will be a short period of time based on the date the PCR or Denial is generated that may include statements like those described in the section above. In reviewing the PCR or Denial please refer to the service code--Test Code or Immunization Code--listed on your original claim.

Please refer to the PM 160 Instructions Manual for how to complete the PM 160.

If you have any questions, please contact your local CHDP office.

Original Signed by Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

CHDP VACCINE BENEFIT AND REIMBURSEMENT TABLE, EFFECTIVE 11/15/01

VACCINE	VACCINE SOURCE	PM 160 CODE	AGE RANGE	RATE ¹	COMMENT REQUIRED
DTaP	VFC	45	2 months through 6 years, 11 months	\$ 9.00	
DT Pediatric	Purchased	59	2 months through 6 years, 11 months	\$10.93	
Td Adult	Purchased	60	7 years through 20 years, 11 months	\$10.93	
Hepatitis A	VFC (Pediatric)	65	2 years through 18 years, 11 months	\$ 9.00	
	Purchased (Adult)	66	19 years through 20 years, 11 months	\$65.48	
HBIG ²	Purchased	41 + 57	newborn through 20 years, 11 months	\$168.12	Reason for administration
Hepatitis B/ Hib Combination	VFC	56	2 months through 4 years, 11 months	\$ 9.00	
Hepatitis B Lower Dose (Pediatric/Adolescent)	VFC	40	newborn through 18 years, 11 months	\$ 9.00	
Hepatitis B Higher Dose (Adult)	VFC	42	11 years through 15 years, 11 months ³	\$ 9.00	(Use this code for 2 dose adolescent schedule)
Hepatitis B	Purchased	51	19 years through 20 years, 11 months	\$38.17	
Hib	VFC	38	2 months through 18 years, 11 months	\$ 9.00	High risk factor, if older than 5 years
	Purchased	63	19 years through 20 years, 11 months	\$16.82	High risk factor
Influenza	VFC	53	6 months through 18 years, 11 months	\$ 9.00	High risk factor
	Purchased	54	6 months through 20 years, 11 months	\$13.76	High risk factor
MMR	VFC	33	12 months through 18 years, 11 months	\$ 9.00	
	Purchased	48	19 years through 20 years, 11 months	\$38.27	
Measles ⁴	Purchased	34	12 months through 20 years, 11 months ⁵	\$21.29	Reason for administration
Polio – Inactivated	VFC	39	2 months through 18 years, 11 months	\$ 9.00	
	Purchased	64	19 years through 20 years, 11 months	\$29.84	High risk factor
Pneumococcal Polysaccharide(23PS)	Purchased	55	2 years through 20 years, 11 months	\$20.74	High risk factor
Pneumococcal,hepta-valent (Prevnar)	VFC	67	1 month through 4 years, 11 months	\$9.00	
Rubella ⁶	Purchased	36	12 months through 20 years, 11 months	\$24.50	Reason for administration
Varicella	VFC	46	12 months through 18 years, 11 months ⁷	\$ 9.00	
	Purchased	52	19 years through 20 years, 11 months	\$48.94	Includes those born before 1/1/83, not VFC high risk

1. Total reimbursement, includes administration fee.

2. Only for infants with HBsAg (+) mothers and for children exposed to known/suspected HBsAg (+) blood /tissue fluids.

3. Adolescent two dose immunization schedule, currently approved for age 11 years through 15 years, 11 months.

4. For individuals with a contraindication to rubella or mumps vaccine.

5. Measles vaccine (or, if not available, MMR) is recommended in children as young as 6 months, in outbreak situations.

6. For individuals with a contraindication to measles or mumps vaccine.

7. Youth with date of birth before 1/1/83 must be in close contact with persons at high risk of complications from varicella.

CHDP LABORATORY BENEFIT AND REIMBURSEMENT TABLE (Effective 09/01/01)

LABORATORY BENEFIT	CHDP CODE^a	RATE
Hemoglobin or Hematocrit	8	\$ 3.01 ^b
Urine "Dipstick"	9	2.87
Urinalysis, routine, complete	10	4.54
Hemoglobin Electrophoresis	13	30.11 ^b
Lead: Blood Lead Level Types	15	22.45 ^{b/c}
VDRL, RPR or ART	16	4.56 ^b
Gonorrhea (GC) Test	17	6.02 ^b d
Pap Smear	18	11.22 ^d
Chlamydia Test	20	19.25 ^e
Pelvic Exam	21	10.50 ^d
Ova and/or Parasites	22	11.90
Lead Test – Lead counseling and blood drawing for lead testing	23	18.73 ^f
Lead Refer – Counseling and referral for blood drawing for lead testing	24	0.00 ^f

- a. Available for CHDP Eligible, regardless of age, when either to comply with periodicity requirements or when determined to be medically necessary.
- b. Collection and handling fee is allowable.
- c. Code 15 (use only by Clinical Lead Laboratory or Clinical Laboratory Providers)
- d. Collection and handling fee is included in "Pelvic Exam" fee for test codes 18 and 20 for females.
- e. Collection and handling fee is allowed for test code 20 when the patient is a male or when the patient is a female and a pelvic exam is not being claimed.
- f. (Use by all providers other than Clinical Lead Laboratory or Clinical Laboratory Providers)